



03-01-06

Attorney Docket No.: MIT.10379

RCE
1FW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Menon et al. **GROUP:** 2832

SERIAL NO: 10/823,458 **EXAMINER:** Zia R. Hashmi

FILED: 04/13/2004

FOR: SYSTEM AND METHOD FOR PROXIMITY EFFECT CORRECTION
IN IMAGING SYSTEM

Mail Stop: RCE
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

1. Submission required under 37 C.F.R. §1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS)
- iv. ☒ Form PTO1449 & Copies of Non-US cited References

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Request for Continued Examination (RCE) Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on February 28, 2006 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV856042710US addressed to the: Honorable Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Box RCE.

Elizabeth M. Ball
Elizabeth M. Ball

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2. Miscellaneous

a. ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)

b. ☐ Other _____

3. Fees The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

a. ☒ RCE fee required under 37 C.F.R. §1.17(e)

b. ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17)

c. ☐ Other _____

4. Fee Payment

a. ☒ Check in the amount of \$395.00 enclosed

b. ☒ The Director is hereby authorized to charge the above fees, or credit any overpayments to Deposit Account No. 19-0079.

Respectfully submitted,



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